

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:
401019303

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 69175 Contact Name: Ally Gale

Name of Operator: PDC ENERGY INC Phone: (303) 831-3931

Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

API Number 05-123-42231-00 County: WELD

Well Name: Lajco Well Number: 17M-323

Location: QtrQtr: NWNE Section: 17 Township: 4N Range: 67W Meridian: 6

Footage at surface: Distance: 370 feet Direction: FNL Distance: 2185 feet Direction: FEL

As Drilled Latitude: 40.319240 As Drilled Longitude: -104.913790

GPS Data:
Date of Measurement: 02/17/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: Devin Arnold

** If directional footage at Top of Prod. Zone Dist.: 671 feet. Direction: FNL Dist.: 2057 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 67W

** If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 2152 feet. Direction: FEL
Sec: 17 Twp: 4N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/29/2015 Date TD: 12/06/2015 Date Casing Set or D&A: 12/07/2015

Rig Release Date: 02/02/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11465 TVD** 7010 Plug Back Total Depth MD 11440 TVD** 7010

Elevations GR 4794 KB 4807 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MWD (DIL in 123-12154)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,224	1,015	0	1,224	VISU
1ST	8+3/4	5+1/2	20	0	11,457	1,925	0	11,457	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,526				
SUSSEX	4,010				
SHANNON	4,543				
SHARON SPRINGS	6,737				
NIOBRARA	6,872				

Comment:

Open Hole Logging Exception, no open hole logs were run on this pad; Cased hole neutron run on Lajco 17M-423 (API: 05-123-42230).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Ally Gale

Title: Regulatory Technician I Date: _____ Email: alexandria.gale@pdce.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401133373	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401019348	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401019322	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019323	MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019324	MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019326	MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019327	MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019330	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019334	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401019343	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401133367	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)